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Guidelines on the writing of ETA Guidelines (2016)

1. The ETA is interested in and committed to expanding and promoting activities that bring thyroidology forward, improve scientific and cultural development in thyroidology, and improve patients' care and clinical practice in the field of thyroid disorders.
2. The development and/or endorsement of guidelines are regulated by a Committee nominated by the ETA Executive Committee (ExCom). The **Guidelines and Publications Committee** shall consist of The President and the Secretary of the ETA *ex officio* and 6 ETA members nominated by the ExCom on the basis of their expertise in the different fields of thyroidology.
3. The term of office of members of the Guidelines Committee is three years. Members are eligible for one further term of membership. Duties of the Guidelines Committee are to generate and to propose the Chair of each Guideline Task Force to the Executive Committee. The Guidelines Committee also evaluate guidelines prepared by other international societies and make recommendations to the ExCom for or against their endorsement.
4. Guidelines are developed by a **Guideline Task Force** comprising a Chair and up to other 5 ETA members who are expert in the area of the guideline. The Task Force should complete its work by the deadline date determined by the Guidelines Committee. The resulting publication will be entitled " (year) ETA Guidelines for (topic)". The draft manuscript will be posted for one month on the ETA website for comments, criticisms and amendments from ETA members. The latter shall be taken into appropriate consideration by the Task Force, the Guidelines Committee and, if necessary, the ETA ExCom. The ETA guidelines will be published in European Thyroid Journal. The published document represents the official position of the ETA at the time of publication of the guideline.
5. The Chair of the Task Force will nominate the other members of the Task Force within 4 weeks of accepting the nomination and inform the Chair of the Guidelines Committee and the Executive Officers of the ExCom (President, Treasurer and Secretary), who should approve the membership of the Task Force within 7 days – this will be the **Commissioning Date** of the guideline. The Chair will then complete the Guideline Project Document. It is the responsibility of the Chair to ensure that the members of the task Force adhere to timelines and the guideline is delivered on time.
6. Conflicts of interest. The Task Force should have no commercial support. All group members should declare any conflicts of interest and this be recorded in a statement in the guideline. E.g.

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“The task force had no commercial support, and the members declared no conflict of interest”. The Chair is responsible for reporting major conflicts (e.g. Task Force members with a financial interest in products recommended in the Guideline) to the ETA ExCom for assessment prior to progressing further with the guideline.

7. The **Guideline Project Document** (see appendix) will define the members of the Task Force, the title of the guideline, the key topics, conflicts of interest to be covered and the project deadlines.

8. Task Force meetings. It is recommended that the Task Force have an initial meeting within 4 weeks of the Commissioning Date to review conflicts of interest, confirm the key topics areas, allocate tasks to group members and set deadlines. Towards the end of the process, it is suggested that a review meeting – final draft of guideline is reviewed including strength of evidence, approval of all members is sought, conflicts of opinion are resolved in the final wording.

9. Format of the guideline: Maximum 3,500 words, 75 references, plus tables/figures. If it is considered necessary to exceed this length, it is essential to contact the Editor-in-Chief of the ETJ in advance of submission. For format, see previous guidelines and www.karger.com/ETJ

10. The GRADE system should be employed to assess and report the quality of the evidence^{1,2}. The quality of the literature concerning each aspect of the statement should be graded as high (RCT evidence/meta-analysis – level 1), moderate (intervention short of RCT or large observational studies – level 2) or low quality (case series, case reports, expert opinion – level 3) using modified GRADE criteria. The strength of each statement should be classified as strong (S, a recommendation) or weak (W, a suggestion – not a recommendation), depending upon the clinical significance and weight of opinion favouring the statement. Strong recommendations are clinically important best practice and should be applied to most patients in most circumstances. In contrast, weak statements should be considered by the clinician and will be applicable best practice only to certain patients or under certain circumstances.

11. Recommendations/suggestions should be numbered and a grade added to indicate the strength of evidence according to the system above (i.e. 1S, 1W, 2S, 2W, 3S, 3W).

Appendix – Guideline Project Document

¹Oxman. *Grading quality of evidence and strength of recommendations. BMJ 2004;328:1490–4*

²Swiglo BA, Murad MH, Schönemann HJ, Kunz R, Vigersky RA, Guyatt GH, Montori VM: *A case for clarity, consistency, and helpfulness: state-of-the-art clinical practice guidelines in endocrinology using the grading of recommendations, assessment, development, and evaluation system. J Clin Endocrinol Metab 2008;93:666–673.*